| CALL # | |
|-----------|--|
| | |
| INCIDENT# | |

NARRAGANSETT POLICE DEPARTMENT POTHOLE / ROADWAY DAMAGE COMPLAINT

| Date | Time | : | Officer |
|--------------------|---|-------------------------|---|
| | Complete the fo | llowing information a | as required. |
| Name | | Date Of Birth | |
| Address | | Occupation | |
| Phone | | Work Phone | () |
| Departm knowled | nent. I certify that the following lge. | g information is true & | statement to the Narragansett Police c correct to the best of my |
| Date & t | time that damage occurred? | | |
| | V | EHICLE DESCRIPTION; | • |
| Registra | tion Plate | Issuing State | |
| Plate Ty | pe | Expiration Date | te |
| Vehicle ! | Make | Vehicle Year | - |
| Vehicle | Style | Vehicle Color | |
| Insuranc | ee Co | VIN # | |
| Register | | | |

(If registered owner is a lease corporation or company enter complainant Is name on line above.)

(CONTINUE ON BACK SIDE OF PAGE)

Page 2 POTHOLE / ROADWAY DAMAGE COMPLAINT (cont.)

| Was damage caused by hitting a pothole or another problem with roadway? (Explain) | | | |
|---|--|--|--|
| | ne? | | |
| Were there any injuries to yourself or pass | engers in your car? (If yes, describe in detail) | | |
| | nding property? (If 🛮 yes, describe in detail) | | |
| Estimated cost to repair damage? | | | |
| | he damage to your vehicle) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Signature | Date | | |
| Officer Taking Statement | ID# | | |